FOR	OFFI	CE	USE	ONL	.Y:
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Inv. Fee:	
Check No:	
Receipt No:	

STATE OF DELAWARE
OFFICE OF THE STATE BANK COMMISSIONER
555 EAST LOOCKERMAN STREET
SUITE 210
DOVER, DELAWARE 19901

SALE OF CHECKS, TRANSMISSION OF MONEY LICENSE APPLICATION (Chapter 23, Title 5, Del.C.)

PLEASE TYPE

E.I. or S.S. # Contact person, title and phone number for application (include extension)	ons):
	ons):
The number, street, municipality and county where business will be conducted (not including designated agents):	
Address where required records will be kept for examination purposes:	

5.		ow is applicant organized: CorporationPartnershipLLPLLC
		Sole ProprietorshipOther:
6.	<u>C</u>	ORPORATIONS ONLY - Please provide the following information:
	a.	Date of incorporation
	b.	Place of incorporation: City of County of State
	C.	If applicant company (not parent) is widely held publicly, items d. through h. do not need to be completed. Instead, please provide a copy of the Board Resolution authorizing this company's purpose.
	d.	Attach a schedule listing the principal or senior officers' full names, titles, residence addresses, business addresses, dates of birth, Social Security numbers, and occupations.
	e.	Attach a schedule listing the Directors of the Corporation including full names, titles, residence addresses, business addresses, dates of birth, Social Security numbers and occupations.
	f.	Personal resumes for all principal officers and directors must be submitted with this application.
	g.	Personal financial statements for all principal officers and directors must be submitted with this application.
	h.	Attach a schedule listing the stockholders of the corporation including full names, residence addresses, business addresses, dates of birth, Social Security numbers, and number of shares held.
	i.	Please provide a current balance sheet (asset/liability statement) and an income statement (profit/loss statement) of the applicant company.
	j.	If applicant's capital stock is owned, in whole or in part, by a parent company, submit a corporate financial statement for the parent company with this application.
	k.	Are the stockholdings of any person listed in h. held in a name other than the stockholder's real name? If so, provide a schedule listing name, address, holding and beneficial owner of stock.

7.	<u>LL</u>	LLC ONLY - Please provide the following information:							
	a.	Date of formation:							
	b.	Place of formation:							
		City	County	State					
	C.	Attach a schedule listing all members senior management including full names, titles, residence addresses, business addresses, dates of birth, Social Security numbers, and occupations.							
	d.	Attach a schedule listing all persons (individuals or businesses) having an ownership interest (members) in the applicant including, as applicable, all the details requested in c. as well as each percentage of ownership.							
	e.	Personal resumes and personal management and for all individual application.	financial statements for all senior all members must be submitted with th	is					
	f.	Please provide a recent balance sheet (asset/liability statement) and an income statement (profit/loss statement) of the applicant company.							
	g.	Please submit the following for businesses that are members of the applicant: a recent balance sheet (asset/liability statement) and income statement (profit/loss statement); a list of all persons (individuals or businesses with an ownership interest (names and addresses)							
8.	<u>P</u>	ARTNERSHIP, LLP ONLY - Plea	se provide the following information:						
	a.	Date of formation:							
	b.	Place of formation:City	County	State					
	C.	Attach a schedule listing all senior management including full names, titles, residence addresses, business addresses, dates of birth, Social Security numbers, and occupations.							
	d.	Attach a schedule listing all persons (individuals or businesses) having an ownership interest (partners) in the applicant including, as applicable, all the details requested in c as well as each percentage of ownership.							
	e.	Personal resumes and personal management and for all individua	financial statement for all senior al partners must be submitted with this	3					

application.

- f. Please provide a recent balance sheet (asset/liability statement) and an income statement (profit/loss statement) of the applicant company.
- g. Please submit the following for businesses with an that are partners in the applicant: a recent balance sheet (asset/liability statement) and income statement (profit/loss statement); a list of all persons (individuals or businesses) with an ownership interest (names and addresses)

9.	SOLE PROPRIETORSHIP ONLY - PI	ease provide the following inf	ormation:
	a. Date of formation:		
	b. Place of formation:City	County	State
	c. Attach a schedule listing the owner address, date of birth, Social Security		ss, business
	d. Attach a schedule listing principal r other than the owner, including full		
	e. Personal resumes for the owner an applicant must be submitted with t	•	gement of the
	f. Please submit detailed business an owner/applicant that are no more th balance sheet (asset/liability statem statement).	an six (6) months old . Includ	le a recent
10.	OTHER - Please provide the following	information:	
	a. Type of formation:		
	b. Date of formation:		
	c. Place of formation:	County	State
	d A list of all principals of the applies	ent must be submitted with this	a application

- d. A list of all principals of the applicant must be submitted with this application including full names, residence addresses, business addresses, dates of birth, Social Security numbers, and percentage of ownership of the applicant, if any.
- e. Personal resumes and personal financial statements for all principals of the applicant must be submitted **with** this application.

f. Please submit detailed business **and** personal financial statements for the owner/applicant that are no more than six (6) months old. Include a recent balance sheet (asset/liability statement) and an income statement (profit/loss statement).

ALL APPLICANTS:

- 11. All applicants must provide information regarding their registered agent for service of process in Delaware.
 - a. Businesses organized in Delaware may designate the business itself, an individual resident in this State or another business authorized to transact business in this State provided the designee is located in Delaware in accordance with Section 132(a), Title 8 of the Delaware Code.
 - b. Businesses organized in locations other than Delaware may designate an individual resident in this State or another business authorized to transact business in this State **provided the designee is located in Delaware** in accordance with Section 371(b)(2), Title 8 of the Delaware Code.

Nam	ne, str	eet add	Iress, an	d tel	ephone	e numl	ber of	regist	ered a	gent:	
ager	nt of y	our orga	owner, off anization	ever	been a	rrested	d, indic				•
ager	nt of y	our orga	owner, off anization	ever	used a	ny alia	s or be				•
ager	nt eve	r had ar	owner, off ny license disciplina	den	ied, sus						
Yes			No								

- 15. If the answer to 12, 13, or 14 is "yes", attach a schedule giving details. If the answer to 15 is yes, please include photocopies of any legal documents that pertain to the matter (i.e., Consent Agreement, Cease and Desist Order, Revocation Order, Reinstatement Order, etc.).
- 16. If the person who subscribes to this application cannot swear to the truth on behalf of any individual listed in 13 through 15, attach an affidavit by such individual.
- 17. Describe the activities in which the licensee shall engage. Specifically, the strategic business plan (activities, funding, unique operations, personnel projections, etc.) and a detailed description of any business other than check sales and/or transmission of money to be conducted at any licensed location. (Attach schedule if necessary.)

Is applicant familiar with all applicable statutes and regulations?

	Yes No
19.	I have read Section 127, Title 5 of the Delaware Code, and understand that in addition to renewing this license annually, we will also be assessed an annual supervisory assessment fee of not less than \$1,000.00 if our books and records are maintained outside the State of Delaware, or \$500.00 if our books and records are maintained inside the State of Delaware.
	(Signature)
	(Title)

- 20. Attach a list of other states in which the applicant is transacting business (licensed or unlicensed), and the nature of the business transacted. Submit the name, address and telephone number of the regulatory authority for each state listed.
- 21. <u>BUSINESS REFERENCES:</u> We must receive a minimum of three (3) letters of reference from businesses currently doing business with the applicant company. These can be the CPA, attorney, bank or other type of business. (One letter must be from a bank.) Each letter must refer to the applicant company, not an individual within the company.

PLEASE NOTE:

18.

It is the applicant's responsibility to contact these references and have each send a letter of reference **directly** to the *Office of the State Bank Commissioner at 555 East Loockerman Street.*, *Suite 210, Dover, DE 19901, Attention: Licensing*

Department. Copies of the applicant's letters requesting these references must be submitted with this application. No reference letters will be accepted or considered if they are not provided directly from the reference source.

22.	a. Applicant must provide an original surety bond in accordance with the
	requirements of Section 2309(a), Title 5 of the Delaware Code. The bond
	shall run to the State for a period commensurate with the license or be
	continuous, and shall be conditioned that the licensee shall comply with
	Chapter 23, Title 5 of the Delaware Code. Please use the bond form at:
	http://www.state.de.us/bank/csbond.htm

).	Provide the name, address and telephone number of your bond company that this office should use to file a claim against the bond, if necessary.

- c. In lieu of a surety bond, applicant may provide an original irrevocable letter of credit in accordance with Section 2309(b) Title 5 of the Delaware Code.
- 23. Please attach a schedule of locations where business will be conducted by *designated agents*.
- 24. This application must be accompanied by an investigation fee of \$172.50, which shall not be subject to refund, and a license fee of \$230.00, plus \$4.60 for each location listed in Item 25 in excess of one.

If you have any questions regarding this application, please contact our licensing department at 302-739-4235.

This application must be signed and sealed (if applicable) by a principal of the applicant (president, vice-president, majority partner, majority member, owner, etc.), attested to by another principal and notarized. In cases of applicants with a single principal, having that signature notarized will suffice.

I hereby certify that I am authorized to sign and submit this application for licensure on behalf of the applicant company, in my role as principal of said applicant company, and that the information contained herein is true and correct to the best of my knowledge and belief.

SEE ATTACHED AUTHORIZATION AND RELEASE FORM AND CERTIFICATION OF AGENT

(Signature)	
(Print Name)	CORPORATE SEAL If no seal, check here
(Title)	, <u></u>
(Date)	
	applicant company that the person whose sign for the applicant company and submit
(Signature)	
(Title)	
(Date)	
Subscribed and sworn to before me this	day of, 2
	NOTARY PUBLIC

NOTARY SEAL

CHECK SALES, TRANSMISSION OF MONEY FACT SHEET

Name of Licensee:			
Employer Identificati	on Number:		
A contact and all re-	quested information must be provi	ded for each of the following	categories.
Supervisory Assessi	ment		
	Name and Title	Telephone #	Extension
	Email Address		Fax #
	Mailing Address		
License Renewal	Name and Title	Telephone #	Extension
	Email Address		Fax #
	Mailing Address		
Examination	Name and Title	Telephone #	Extension
	Email Address		Fax #
	Mailing Address		
Complaints	Name and Title	Telephone #	Extension
	Email		Fax #
	Mailing Address		
Public Contact	Name and Title	Telephone #	Extension
	Email Address		Fax #
	Mailing Address		

Changes in contact information must be reported to the Office of the State Bank Commissioner immediately.

AUTHORIZATION AND RELEASE

Each person listed below, by and through

(Person with authority to submit application) as that person's authorized agent, hereby consents to the State Bank Commissioner of the State of Delaware and any employee, agent or representative that the State Bank Commissioner may designate (collectively the "Commissioner") conducting such investigation of that person as the Commissioner deems necessary or appropriate in connection with this application. Each such person also agrees to provide the Commissioner with any information that the Commissioner requests, and authorizes the Commissioner to disclose any information concerning that person and the results of the investigation to any person, agency, court, institution, association or other entity that the Commissioner, in the Commissioner's sole discretion, deems appropriate as part of the investigation.

Each such person further authorizes and requests every person, agency, court, institution, association or other entity having possession, custody or control of any information pertaining to that person to provide the Commissioner with any information requested, including documents, records, files regarding charges, complaints or grievances involving that person (whether formal or informal, pending or closed), or other data, and to permit the Commissioner to inspect and copy such information, documents, records, files, and data.

Each such person hereby specifically releases, discharges, and exonerates the Commissioner, all employees, agents and representatives of the Commissioner, and any person, agency, court, institution, association or other entity so providing information to the Commissioner, from any and all claims and liability of every nature and kind whatsoever (including claims and liability for any negligence of any type) arising out of, or in any way related to, the Commissioner's investigation and the providing, inspecting, disclosing or copying of such information, documents, records, files, and data.

CERTIFICATION OF AGENT	
I,,	, hereby certify that I have given a copy of
(Person with authority to submit application) this Authorization and Release to each	
and each such person has explicitly au	thorized and appointed me as an agent to
execute this document for that person.	
	Circatura of Authorized Dance
	Signature of Authorized Person
State of	
County of	
Subscribed and sworn to before me this	s, 2
	NOTARY PUBLIC

NOTARY SEAL

Licensee:
Please indicate the types of business in which your company engages under your Delaware Sale of Checks/Transmission of Money license: (check all that apply)
Money Transmission
Money Orders
Travelers Checks
Stored Value Cards
Accelerated Payment Products
Contact Name, Phone Number and Date